

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

Approved For Release 2000/04/11 : CIA-RDP64-00360R000500030038-3

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

ENCL #8
SAPD 3683
COPY 1 OF 2

(Address)

(City)

(State)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs FOIAb3a FOIAb3b					

PAYMENT:

Complete ☐
 Partial ☐
 Final ☐

Use continuation sheet(s) if necessary

Shipped from _____

to _____

Weight _____

Government B/L No. _____

Total _____

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date 2-26-57 *Payee _____

(This certificate is required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for _____

(Signature or initials) _____

Contract No. _____

A101

Date _____

Req. No. _____

Date _____

Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
 { Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signed, must appear. For example: "John Doe Company, per _____ Secretary, or _____ Treasurer." If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

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Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 654
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - System III					
		Direct Costs Properly Chargeable to Contract A101 for the period 2/1/57 thru 2/10/57					
		Research & Development					Total
		Labor Week Ending February 10, 1957					
		Overhead computed for Communications Division at interim rate of [REDACTED]					
		FOIAb3a					
		Total Labor and Overhead					
		G & A Expense computed at interim rate of [REDACTED]					
		Total Costs					
		FOIAb3a					
		FOIAb3a					